Statement of Residency



516 176th Street East * Spanaway, WA 98387 * (253) 800-6000

For families living with another family

Families with students in more than one building will meet with an administrator at one school. Both families have a meeting scheduled: Name of administrator Name of school Day and Date Time Information to be completed by parent/guardian: Parent/Guardian last name Parent/Guardian first name Phone number Reason for arrangement Student last name Student first name Birthdate Grade School Student last name Student first name Birthdate Grade School Student last name Student first name Birthdate Grade School Student first name Student last name Birthdate Grade School Information to be completed by adult with whom family resides: Last name First name Phone number City/Zip Address Length of time family has lived with you Relationship to student/family The adult with whom the family resides will complete the Statement of Residency form, with required documentation. I understand that falsification of any information or documentation required for residency verification or the use of any address where the student does not reside may result in revocation of student enrollment. Sign below, in the presence of an authorized Notary (The Notary is not verifying the accuracy of the information provided above, only the validity of the signatures below): Signature of parent/guardian Signature of adult with whom family resides I certify that on identities the basis of above, whose proved on , signed this document willingly and freely in my presence and the signatures are genuinely theirs. Notary Public in and for the State of Washington residing at For School Use Only: ☐ Approved ☐ Denied Signature of Administrator Date